

STANDARD CERTIFICATE OF DEATH

State File No.

26511

Registrar's No.

6303

Registration District No. 791

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Faith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Pearl Stella Armstrong

3. (b) If veteran name was None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Clyde Armstrong 6. (c) Age of husband or wife if
alive 53 years
7. Birth date of deceased Feb. 9th 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 5 22 hr. min.

9. Birthplace Decatur Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Hall
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary J. Abbott
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Armstrong
(b) Address 5023a Chippewa St.

17. (a) Burial (b) Date thereof 8-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Rural Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 Sp. Kingshighway Blvd.

19. (a) AUG -1 1941 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5023a Chippewa St. 7
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1941 hour 7:30 minute A.M. M.

21. I hereby certify that I attended the deceased from 7/30, 1941, to 7/31, 1941;
that I last saw him alive on 7/31, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Leukemia
(Lymphatic) Duration ?

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Jos. P. Bernier (M. D. or other) D
Address 1225 No. Grand Date signed 7/31/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Jos. Berman
1225 N. Grand Ave. Je:1840 1-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Edwin M. Hermatt

Licensed Embalmer No.....

3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.